

PLAN TO STOP A WELFARE TO WORK SANCTION

INSTRUCTIONS TO THE COUNTY: This form is only used to stop ("cure") a Welfare to Work sanction. It does not replace the WTW 2, Welfare to Work Plan - Activity Assignment, or the WTW 3, Welfare to Work Plan Activity Assignment Change, which must be modified to communicate any changes in the individual's Welfare to Work requirements and supportive services needs, once this plan is no longer in effect.

CLIENT'S NAME (PLEASE PRINT):	CASE #:	DATE:
CASEWORKER'S NAME (PLEASE PRINT):	WORKER #:	PHONE #: ()

MY PLAN TO STOP A WELFARE TO WORK SANCTION

ACTIVITY #1:		ACTIVITY #2:	
BEGINS:	ENDS:	BEGINS:	ENDS:
LOCATION:		LOCATION:	
PHONE #: ()		PHONE #: ()	
SCHEDULE:		SCHEDULE:	
TOTAL HOURS/WEEK:		TOTAL HOURS/WEEK:	
COMMENTS/OTHER INSTRUCTIONS:			

I understand that:

- To stop my sanction, I must do what this plan says for up to 30 calendar days from the date I sign this plan, or for the length of the activity, whichever is shorter.
- If the activity that the county asked me to do before is no longer available or right for me, I may have to do other activities to stop my sanction.
- The county cannot ask me to do an activity for a longer time than the length of the activity that led to my sanction.
- If I do not sign my plan, or do not do what my plan says without a good reason, my sanction will continue.
- The county will pay for supportive services (transportation, child care, and work- or training-related expenses) that I need to do the activity in my plan. The county will give me more information about these services in other notices.
- Once I do what my plan says to stop my sanction, my sanction will end on _____, and my aid will be restored as of _____. I may then be required to continue in the same activity, or start a new activity. If I have a Welfare to Work plan, it will be updated to tell me of any changes in my Welfare to Work requirements and supportive services needs.
- Once my sanction has ended, I can be sanctioned again if I stop doing the activity I am assigned to without a good reason.
- I can file for a State hearing if I disagree with the county about any part of my plan.

I understand that I will receive a copy of this "Plan To Stop My Welfare To Work Sanction" and, if I have any questions about the information in my plan, I can ask my worker.

If you are sending this plan to your worker by mail, it must be signed and postmarked by _____, or your sanction may continue.	CLIENT'S SIGNATURE:	DATE:
	CASEWORKER'S SIGNATURE:	DATE: